


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) GZ 2104.00	
	In re Application of <div style="text-align: center;">Charles A. NICOLETTE</div>		
	Application Number 09/931,969 Filed 08/17/01		
	For Therapeutic Compounds for Ovarian Cancer		
	Group Art Unit 1614 Examiner Not Yet Assigned		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) </div> <div style="width: 25%; text-align: right;"> \$ \$ \$ \$1440.00 \$ </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1189, referencing billing reference 19442-7235 I have enclosed a duplicate copy of this sheet. </div> <p>I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="font-size: 1.5em; margin: 0;"><i>April 2, 2002</i></p> <p style="margin: 0;">Date</p> </div> <div style="width: 45%; text-align: right;"> <p style="font-size: 1.5em; margin: 0;"><i>Antonia F. Konski</i></p> <p style="margin: 0;">Signature</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>04/10/2002 ROSMAN1 00000080 501189 09931969</p> <p>01 FC:118 1440.00 CH</p> </div> <div style="width: 45%; text-align: right;"> <p>Adjustment date: 05/09/2002 BSAYAS11</p> <p>04/10/2002 ROSMAN1 00000080 501189 09931969</p> <p>01 FC:118 1440.00 CR</p> </div> </div> <div style="text-align: right; margin-top: 10px;"> inette F. Konski Typed or printed name </div>			
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			
<input checked="" type="checkbox"/> Total of 1 forms are submitted.			